

SANTA MARIA INDEPENDENT SCHOOL DISTRICT



Request for Proposals (RFP) # SM-INS23-24 Specifications For

Section 125 Cafeteria Plan Administration and Voluntary Employee Benefits

Section 403(b) / (403) (b) (7) Administration

[IRS Section 125 Cafeteria Plan Administration, Group Short & Long Term Disability Insurance, Voluntary Dental, Voluntary Vision, Voluntary Employee and Dependent Life, Voluntary Accidental Death And Dismemberment, Voluntary Group Cancer Plan, Voluntary Group Accident Plan, Voluntary Group Critical Illness, Permanent Life and Online Enrollment System]

**SANTA MARIA INDEPENDENT SCHOOL DISTRICT
REQUEST FOR PROPOSALS**

INVITATION TO BIDDERS

Santa Maria Independent School District formally provides all interested parties with the opportunity to bid on all of the following services:

**Section 125 Cafeteria Plan Administration and Voluntary Employee Benefits
Section 403(b) / (403) (b) (7) Administration**

Three (3) copies of your Proposal Packets must be mailed or delivered up to but no later than **May 18, 2023 @ 2:00 P.M.** The proposal will be publicly opened @ 2:00 P.M.; only names of vendors submitting proposals will be read.

Submission Location: Santa Maria Independent School District
Attn: Yliana Gonzalez, Business Manager
11119 Military Rd.
Santa Maria, TX 78592

EMPLOYER INFORMATION:

Santa Maria ISD employs approximately 170 colleagues. It is our intent to transfer the administrative responsibilities of the Section 125 / Cafeteria Plan Administration, Section 403(b) & 403(b) (7) Administration to a Third Party Administrator. Preference will be given to those organizations that have a record of experience in providing administrative services to plans of this type.

RIGHT TO REJECT:

Santa Maria ISD retains the right to reject any and all proposals submitted. Santa Maria ISD is not required to select the proposal with the lowest bid, but shall take into consideration other factors, including past experience, financial stability, references, ability to provide requested services, and any other factors found necessary for quality service.

We anticipate awarding this contract on the May 22, 2023 school board meeting at 6:00 PM.. All prices are to be effective for one (1) year after award of contract with an option to renew annually for two (2) additional years with mutual consent.

Please clearly mark envelopes: “RFP # SM-INS23-24 **IRS Section 125 Cafeteria Plan Administration and Voluntary Employee Benefits, Section 403(b) / (403) (b) (7) Administration**” . No faxed, emailed or late qualifications will be accepted.

THE REQUEST FOR PROPOSAL (RFP) WILL BE AVAILABLE AT OUR WEBSITE:

[\[insert location of bid opportunity\]](#)

FAILURE TO SUBMIT PROPOSAL IN DUPLICATE MAY RESULT IN REJECTION

A. Information

1. Santa Maria ISD is requesting proposals for an IRS Section 125 Cafeteria Plan Administration, Section 403(b) / (403)(b)(7) Administration, Voluntary Group Short Term and Long Term Disability, Voluntary Dental, Voluntary Vision, Employee and Dependent Voluntary Life, Voluntary Accidental Death and Dismemberment, Voluntary Group Cancer, Voluntary Group Accident, Voluntary Group Critical Illness, Permanent Life, and an Electronic Enrollment System.
2. The District reserves the right to accept or reject all or any part of the proposals, waive minor technicalities, and award the proposal in the interest of the District.
3. Proposals are to be submitted on the basis of the specifications contained herein. Each proposing company will be required to complete the specific attachment requested. Alternate proposals will also be considered, provided the alternatives are clearly marked as alternates and are clearly explained. All deviations from the specifications must be clearly identified and explained.
4. The information contained herein is believed to be accurate and up-to-date, but is not intended to be an express or implied warranty.
5. Santa Maria ISD employs approximately 160 colleagues.
6. No telephone, telephonic, or fax proposals will be accepted. Proposals will only be accepted if delivered by U.S. Postal Service, Federal Express, UPS, hand delivery, etc. The District will not be responsible for missing, lost, or late mail. Any proposals received after the time set for opening will be returned to the proposer unopened.

B. Legal

All parties submitting proposals are expected to comply with federal, state and local insurance laws and regulations relative to the preparation and submission of insurance proposals. Specifically, the services to be provided are expected to be in compliance with the Americans with Disabilities Act (ADA), insurance laws and insurance regulations. All proposals that are submitted will be presumed to be in compliance with all applicable laws.

C. Communication

Any person wishing to obtain additional information about the request for proposal may contact: Yliana Gonzalez at the Business Department. (956) 565-6308 or email: ylianagonzalez@smisd.net.

D. Proposals

1. Each party submitting a proposal is asked to screen their designated proposals for correctness and compliance with the specifications. A good understanding of your products is a must. A narrative summary of all deviations from the RFP specifications is required as part of your bid (if applicable). A detailed explanation and description of price quotation deviations should be submitted as well.
2. The District may issue an addendum of this proposal by email, by fax and/or web. Proposals shall include name and fax number of the person to whom addenda should be sent.
3. The District seeks one agent of record that will service all lines of coverage requested herein. The agency will work with District staff and will support and enroll all products approved of in an online enrollment fashion during open enrollment period.

G. Guaranteed Rates

All rates shall be guaranteed for at minimum 12 months. Prices must be valid from award date. This contract may be extended for 2 additional years in one-year increments with both parties in agreement.

F. Plan Designs Requirements and Specifications

1. Flex Benefits – Unreimbursed Medical and Child Care Spending Accounts

School District Name intends that the Plan comply with the applicable cafeteria plan requirements under IRC §125 as well as the requirements under IRC §129 for dependent care assistance plans.

The Plan will if approved permit employees to elect pretax salary deferral amounts to be contributed to either or both of the following: a health care spending account and a dependent care spending account. Because School District provides health care insurance coverage, amounts contributed to the Plan's health care spending account may be used to satisfy any coinsurance, copayment, or deductible requirements under the Plan. Participants also may receive reimbursements of health care expenses that are not eligible for reimbursement under the Plan. Amounts contributed to the Plan's dependent care spending account are used to reimburse participants for dependent care expenses incurred so that they may work.

It is intended that Participants may submit claims for reimbursement for qualified medical expenses from their Flexible Spending Account on a monthly basis. Claims for medical expenses incurred are due no later than the fifth day of the month to receive reimbursement during that month. Claims for Child Care expenses are payable within 7 days of the receipt of a complete reimbursement request.

Participants cannot change their contribution elections during a plan year except for a change in family status. A contribution election change (including a revocation) is effective the first day of the pay period beginning immediately after the Plan administrator receives the revocation.

2. The Group Disability should be income replacement insurance with different options of elimination periods and benefit periods, ie, educator plans. The district desires an income replacement plan with various periods and maximum benefit periods. The district desires this benefit to be offered on a guarantee issue basis annually with no evidence of insurability second year and beyond.
3. The Dental Plans offered should include a high and low option. High option must be an Indemnity Plan, while the low option can be either a PPO or a Scheduled type plan.
4. The Vision Plan should include a 12/12/12/12 option with and without eye exam Copay and with and without materials Copay.
5. The Employee and Dependent Voluntary Life should include a guarantee issue limit on the employee of at least **\$150,000** and a guarantee issue limit on the spouse of at least **\$50,000** plus a guarantee issue limit on the child/ren of **\$10,000** for the first year's enrollment. At second year and subsequent enrollments, an annual **guaranteed increase of an additional \$10,000** in coverage with no evidence of insurability, will be made available to any eligible employee that carries any amount of life insurance with current carrier. If no insurance is carried by employee with current carrier, evidence of insurability will be required. Request \$500,000 maximum amounts for both employee and spouse. Spouse amount not to exceed employee elected amount. Employee life to be sold in \$10,000 increments. Spouse life to be sold in \$5,000 increments. Benefit is not salaried based. Also provide quote for Accidental Death and Dismemberment to match amounts on the Voluntary Life. The life and AD&D will be offered as a package. Request at minimum 2 year rate guarantee. Please complete attached format. The district will entertain other option plans
6. The Group Cancer plans must be submitted with a high / low option. These products must be offered on a guarantee issued basis for first year's open enrollment. Pre-existing condition clause can apply. Request at minimum 2-year rate guarantee. Please complete attached format.
7. The Group Accident plans must be 24-hour coverage (on and off the job) and be submitted with a high / low option. These products must be offered on a guarantee issued basis for first year, Pre-existing condition clause can apply. Request at minimum 2-year rate guarantee. Please complete attached format.
8. The Group Critical Illness plans must include a Reoccurrence Benefit.
9. The Permanent Life should be affordable and portable.

G. QUESTIONNAIRES AND WORKSHEETS

The questionnaires and worksheets provided in this RFP are designed to verify the Proposer's ability and willingness to meet various requirements and expectations about the services provided to The District.

When responding to the worksheets please be concise yet specific with your answers. If a numbered question is adequately addressed in a section of your proposal, please reference that section, but still respond to question on the questionnaire. The response could be highlighted in the body of the proposal for further clarification.

H. QUALIFICATIONS

1. All companies (including agents) submitting proposals must be licensed by the State of Texas and have a demonstrated level of good performance with school districts in Texas. ***Please enclose a list of at least (3) three school district references with your proposal.***
2. The Company and Agent must provide proof of Insurance for E&O. Minimum of \$1,000,000 required. Please enclose a copy with your proposal.
3. The Company must be recommended in the latest edition of A.M. Best's Life Insurance Reports with a general policyholder's rating of A or better. ***Please furnish the Best's policyholder rating for each company with which coverage is being quoted.***
4. The Company and Agent must have a willingness to commit to specified levels of performance for service and quality.
5. The Company and Agent must have an organization that has demonstrated the ability to deliver cost-effective service and efficient claims processing.
6. The Company and Agent must provide sufficient telephone service, preferably toll-free and local service, to handle inquiries directly from plan participants as well as school district business officials.
7. A bilingual representative(s) of the company available during normal working hours for customer service.
7. The company must have the capability to provide loss run reports on a monthly basis and/or upon request of the school district. Samples of standard financial and utilization reports should be provided in your proposal
8. The selected Company and Agent must provide sufficient representatives and staff for district meetings and the enrollment process.
9. The selected company should agree to submit monthly billings by employee and dependents showing separate dollar amounts for each and for each coverage.
10. Keep the District informed of all changes in both state and federal laws and regulations pertaining to Section 125, Section 403(b) and 403(b)(7) to assure that the District and its plan remain in compliance.

11. Work closely with administrators and committees to determine plan design and the type of insurance products which best serve the employees' and the District's needs.
12. Assist administrators and committees in determining which products are qualified under Section 125, Section 403(b) and 403(b)(7).
13. Review, evaluate, and analyze all proposals received from insurance providers under Section 125 and submit findings to administrators and committees.
14. Assist administrators and committees in designing and selecting investments qualified under Section 457.
15. Conduct annual surveys of insurance products' performance and status to assure that products continue to be qualified under Section 125, Section 403(b) & 403(b)(7), and carriers maintain proper ratings.
16. Review, evaluate and analyze all proposals received from investment providers under Section 457 and submit findings to administrators and committees.
17. Report any recommendations concerning possible improvements or changes in approved products to administrators and committees who are ultimately responsible for communication.
18. Report any recommendations concerning possible improvements or changes in approved financial products to administrators and committees who are ultimately responsible for product selection.
19. Conduct meetings and enrollments with all personnel on mutually agreed upon days to educate and inform, answer questions, and give presentations on the Section 125 plan, its benefits, and products.
20. Conduct meetings and enrollments with all personnel on mutually agreed upon days to inform, answer questions, and give presentations on the various financial products.
21. Assure continuing compliance with I.R.C. and Department of Labor regulations and rules of the employer for Section 125; including but not limited to, reviewing Benefit Election Forms, Plan Documents, Summary Plan Descriptions, Plan Changes and Amendments, Form 5500 and other IRS filings. Additionally, maintain all plan records in a fashion conducive to providing verification of plan compliance.
22. Assure continuing compliance with I.R.C. and Department of Labor regulations and rules of the employer for Section 403(b) & 403(b)(7); including but not limited to, reviewing Salary Reduction Agreements, Benefit Election Forms, Plan Documents, Summary Plan Descriptions, Plan Changes and Amendments, Universal Availability, and other IRS filings. Additionally, maintain all plan records in a fashion conducive to providing verification of plan compliance.

23. Process and administer all new and existing payroll deductions with insurance companies for payroll deducted financial and insurance products under Section 125, and all investment products under Section 403(b) & 403(b)(7).
24. Process and administer all new and existing payroll deductions with investment companies, insurance companies, and financial institutions for payroll deductions financial and insurance products under Section 457.
25. Provide all forms necessary to the effective administration of the boards Section 457 program.
23. Relieve payroll department responsibility by providing consolidated monthly billings, including plan recaps which allow payroll department to submit one check to Third Party Administrator for all payroll deducted products. Third Party Administrator will disburse appropriate amounts to individual carriers within two working days after receipt of funds.
24. Preference will be given to Historically Underutilized Business (HUB).

I. Disqualification and Rejection of Proposals

Failure to comply with the requirements or the procedures set forth herein, or to satisfy the insurance and servicing criteria as set forth in the specifications, may result in disqualification. It is not intended that exceptions to the specifications will, in and of themselves, result in disqualification.

J. Selection Criteria

Santa Maria ISD reserves the right to reject any or all of the proposals, in whole or in parts; to waive any informality in any proposal, and to accept the proposal which, in its discretion, is in the best interest of the District.

Proposals will be carefully evaluated for cost effectiveness, for coverage provisions, and for compliance with the coverage and servicing criteria contained in the specifications. The contract will be awarded to the responsible vendor who submits a superior but economical proposal based on the relative importance of the following selection criteria:

The evaluation criteria will include, but not be limited to, the items below.

Experience (20%)

1. Provides voluntary products for school districts
2. Has worked with school districts in south Texas
3. Extent of experience
4. Historically Underutilized Business (HUB)

Voluntary Benefits (20%)

1. Comprehensiveness and competitiveness of benefit offerings
2. Quantitative analysis of benefits versus cost

Capacity to Perform (20%)

1. Staffing level/experience of staff
2. Adequacy of Resources
3. Provide an account manager internally and externally
4. Professional liability insurance in force
5. Errors & Omission Insurance (Min., \$1million per occurrence)

Enrollment Platform and Services (40%)

1. Bilingual staffing capabilities
2. Electronic System Capabilities
3. Reconciliation assistance
4. One source billing (common remitter)
5. Ability to prefund Flex Plan
6. Provide educational booklets
7. Video conferencing capabilities for new hires

During the evaluation process the Committee and District reserve the right, where it may serve the District's best interest, to request additional information or clarifications from submitting proposers or to allow corrections or errors or omissions. At the District's discretion, firms submitting qualifications may be requested to make oral presentations as part of the evaluation process.

K. Terms of Contracts

1. Prices must be valid from award date of September 1, 2023 through August 31, 2024. This contract may be extended for 2 additional years in one-year increments with both parties in agreement. Santa Maria ISD will have the option to terminate during the term of the contract, or at each anniversary date with a sixty (60) day notice for nonrenewal.
2. Santa Maria ISD reserves the right to terminate the contract at the expiration of each budget period.

L. Authorized Signature

Persons who have legal authority to represent the insurer and administrator to the services that are proposed must sign the proposal signature sheet.

M. Continuity of Coverage

All employees and dependents covered by the current plans are to receive immediate coverage under any new plan selected. Continuity of Coverage for current participants is to be on a "no loss-no gain" basis for all insurance coverage's.

N. Enrollment

1. The basis for transition of voluntary products is as of September 1 through August 31. Each selected provider will be expected to provide trained enrollers to explain benefit provisions during annual enrollment meetings and throughout the year for newly hired employees. The selected providers will also be responsible for providing enrollment materials prior to the employee benefit enrollment meetings.
2. The District will review online web-based enrollment applications. Company must be able to capture pin signature and/or electronic signature.
3. The proposing enrollment system must be able to enroll a single employee **in all products offered for plan year**. Once the employee has completed their individual enrollment, system must then be able to save the enrollment data and offer a benefits confirmation sheet. It must then be able to log out and allow new employee to log in and enroll.

4. At the completion of the enrollment period, the district desires a hard copy of all enrollment applications.
5. An employee shall be able to make changes to a benefit election if done within the same enrollment period window. Information and changes shall be stored and be able to provide synchronization of enrolled data to a main data source.
6. The District will not set up premium deductions for any pending application, until policy is issued, and confirmations have been sent to District and applicant.
7. Enrollers will be responsible for providing confirmations of elections and changes to the employee as opted, electronic or mailed copy.
8. Bilingual enrollers are mandatory for classified personnel assistance (Minimum of 40% of enrollment team will need to be bilingual).

O. Connectivity

1. A mandatory requirement is that your company / carrier provide the technology for this benefit enrollment program to be effectively executed, and in a timely manner process the application of the products you are bidding on.
2. Proposing carriers must be able to accept enrollment data via web-based enrollment system. The enrollment will be run on laptops and have the capability to send and receive data from the approved carrier's enrollment system data warehouse via electronic data information feeds.
3. The proposing system may require a pre-population of a census from the enrollment system or Excel file, which contains information about an employee. Some general demographic information will be provided to insure validation of current or elected coverage.

P. Responsiveness

1. Your responsiveness and ability to provide customer service, manage and participate in your portion of the open enrollment, including but not limited to, communications, reporting, policy issue and back-end data files to set up payroll will be considered. The timeline for accomplishing this project is limited to 90 days and you must guarantee that your company / carrier will be able to have the enrollment eligibility loaded to Payroll by the deadline as described below.

Q. Billing & Reconciliation

1. District will require a system that will allow for self-billing format if requested. Electronic billing format data of covered members will include the type of product, social security number, first name, last name, monthly premium amount, volume if applicable and carrier/product specifics.
2. For current deductions, this information is needed by the 10th of the month. Billing will be reconciled to payroll deductions, identifying variances and communicated to the carriers for corrections for the following cycle. Remittance will be processed by end of the current month.
3. If payments are in advance, same protocol as described above will follow, however, deductions and billings will be doubled for new enrollments and credits processed for cancellations and or terminations.

R. Additional Requirements-Attachments for each product bid shall include:

1. Company Full Benefit Description - include any and all waiting periods
2. Company Limitations and Exclusions Description
3. Specimen Policy
4. Underwriting Specifications for first year and thereafter
5. Pre-existing condition clauses
6. Schedule of Rates-four tier rating structure

Companies with an A.M. Best rating of A or better are preferred

SANTA MARIA INDEPENDENT SCHOOL DISTRICT
Agent Felony Conviction Notification
RFP Submission Form

State of Texas legislative Senate Bill No. 1, Section 44.034, Notification of Criminal History, Subsection (a), states “a person of business entity that enters into a contract with a school district must give advance notice to the district if the person or an owner or operator of the business entity has been convicted of a felony. The notice must include a general description of the conduct resulting in the conviction of a felony.”

Subsection (b) states “a school district may terminate a contract with a person or business entity if the district determines that the person or business entity failed to give notice as required by Subsection (a) or misrepresented the conduct resulting in the conviction. The district must compensate the person or business entity for services performed before the termination of the contract.”

THIS NOTICE IS NOT REQUIRED OF A PUBLICLY-HELD CORPORATION

Please check off one box and sign the form in the appropriate space(s)

I, the undersigned agent for the firm named below, certify that the information concerning notification of felony convictions has been reviewed by me and the information furnished is true to the best of my knowledge.

Agent’s Name _____

Authorized Company Official’s Name (Printed): _____

A. My firm is a publicly held corporation; therefore, this reporting requirement is not applicable.

Signature of Company Official: _____

B. My firm is not owned nor operated by anyone who has been convicted of a felony.

Signature of Company Official: _____

C. My firm is owned and operated by the following individual(s) who has/have been convicted of a felony:

Name of Felon(s): _____

Details of Conviction(s): _____

Signature of Company Official: _____ Date: _____

SANTA MARIA INDEPENDENT SCHOOL DISTRICT

RFP Submission Form for All Product Lines

References:

1) Provide four current, and four former client references (preferably school districts):

<u>Name of Client</u>	<u>Contact Person</u>	<u>Phone Numbers</u>	<u>Employee Count</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Santa Maria ISD reserves the right to make any inquiry to any current and or former client whether or not the clients are identified by the offeror in this proposal.

Product Support:

Please address and respond to the following: Yes or No

1. Your company has the ability to process and issue policies within 2 weeks of the end of enrollment period? _____
2. Your company has the ability to notify Payroll of closed applications within 30 days of rejections? _____
3. Your company has the ability to provide all letters and reports electronically? _____
4. Your company has the ability to provide electronic bill reconciliation to the District? _____
5. Your company's proposed products, riders and amendments are currently filed and approved by the State of Texas? _____
6. Does your company currently have any legal actions pending on any of the products being proposed? _____
7. Does your Agency currently have any legal actions pending on any of the products being proposed? _____

8. Does your company have any actions brought against you by any State Department of Insurance for any of the products being proposed? _____
9. Does your company pay for enroller appointments? _____
11. Your company must disclose all commissions paid to any producer, GA or MGA in each quote submitted. _____
12. What type of rate guarantees are available? _____
13. What type of notice will you give before raising rates? _____
14. Under what circumstances can your company raise the rates in this proposal? _____

15. Will a Master Contract be issued to the District? _____
16. Will semi-annual claims experience reports be provided to District? _____

If so, provide sample of reports.
17. Is your company able to import/export data in REG I Ascender PR Software? ____

SANTA MARIA Independent School District
Anti-Collusion Certification
RFP Submission Form

By submission of this proposal, the Proposer certifies that:

- (1) This proposal has been independently arrived at without collusion with any other Proposer or with any competitor;
- (2) This proposal has not been knowingly disclosed and will not be knowingly disclosed, prior to the opening of proposals for this project, to any other proposer competitor or potential competitor;
- (3) No attempt has been or will be made to induce any other person, partnership or corporation to submit or not to submit a proposal;
- (4) The person signing this proposal certifies that he has fully informed himself regarding the accuracy of the statements contained in this certification, and under the penalties being applicable to the proposer as well as to the person signing in its behalf.

Company Name	Authorized Signature & Title
Address	Type Signatory's Name & Title
	Telephone Number
Federal I.D. #	E-mail address

SUBSCRIBED AND SWORN to before me by the above named _____

On the _____ day of _____, 2023

Notary Public in and for the State of _____

My commission expires: _____

Proposal Signature Sheet:

My signature certifies that the proposal as submitted complies with all General contract terms and conditions as set forth in RFP# **SM-INS23-24**

My signature also certifies that by submitting a proposal in response to the Request for Proposal, the offeror represents that in the preparation and submission of this proposal, said offeror did not, either directly or indirectly, enter into any combination or arrangement with any person, firm or corporation or enter into any agreement, participate in any collusion, otherwise take any action in the restraint of free, competitive bidding in violation of the Sherman Anti-Trust Act (15 U.S.C. Section 1) or Sections 59.1-9.1 through 59.1-9.17 or Sections 59.1-68.6 through 59.1-68.8 of the Code of Texas.

I certify that I am authorized to sign as a representative for the offeror:

NAME OF OFFEROR: _____

ADDRESS: _____

FED. ID #: _____

SIGNATURE: _____

NAME (PRINT): _____

TITLE: _____

TELEPHONE NO: _____

FAX NO: _____

DATE: _____

CONTACT NAME:

CONTACT TITLE:

E-MAIL ADDRESS: _____

TELEPHONE NO: _____

FAX NO: _____

SUBMIT THIS FORM WITH YOUR PROPOSAL

Agent Information:

The District requests the insurance company submit one proposal through the named agent selected by the insurance company. Please provide the following information for the agent selected by the insurance company. If multiple agents are used the District reserves the right to disqualify your quote submission. Please provide the following information for your selected agent.

a) Copy of agent's E & O Insurance certificate. _____

b) Name / Address of agent: _____

c) Agent's experience with insurance company (Length of association, number of groups, Premium generated):

d) Will a "Hold Harmless Agreement" with provisions comparable to those presented in the RFP specifications be executed Yes _____ No _____

e) Do quoted rates include Section 125 Cafeteria Plan Administration Services?

Yes _____ No _____

f) Do quoted rates include Section 403 (b) Plan Administration Services?

Yes _____ No _____

GENERAL QUESTIONNAIRE FOR SECT.125 ADMINISTRATION

All bidding companies must complete this questionnaire. Please re-type each question with your corresponding answer.

A. GENERAL

1. What year was your company established?
2. Location of office(s) where administration functions will be performed.
3. Please verify that a bi-lingual customer service representative will be available during normal business hours.
4. Have any of the principals or the firm ever been named in a lawsuit dealing with the management of a Section 125 plan? If so, please provide details.
5. How many school district clients are currently served? Please provide the largest group, the smallest group and the number of employees covered.
6. What is your average processing time between receipt of contributions and disbursement to vendors?
7. What is the size of your staff?
8. List staff experience for employees handling our account.
9. Do you have any insurance companies with whom you must do business?
10. Do you provide sample Plan Documents and other legal forms? If yes, please list all costs.
11. Do you perform discrimination testing? If yes, what type, how often and list all costs.
12. Do you provide online enrollment and automated benefit eligibility management? Please describe and list all costs.
13. Do you provide a debit card for medical reimbursement flexible spending accounts? Please list all costs.
14. What enrollment materials will be provided by your company? At what cost?
15. Upon completion of enrollment, how will data be returned to the district? Will it be loaded into our payroll software system? If yes, please list all costs.
16. Will you provide consolidated billing for the District? Will all participants and contributions be identified? Can this be done electronically? Please describe in full your consolidated billing process.

17. Please describe your company's consolidated billing turnaround time between receipt of contributions and disbursement to vendors.
18. Please describe your administration services for flexible spending accounts. Do you upfront money to the annual election for medical reimbursement claims?
19. Does your company assume the risk of loss on the Medical Reimbursement accounts? If so, at what dollar amount per participant?
20. Are debit cards available on the Medical Reimbursement account? If so, is card participation voluntary or mandatory for all participants?
21. Please explain the fees associated with the debit cards.
22. Where is the location of your claims department?
23. How often are claims reimbursed?
24. What is your average turnaround time of an "approved" claim?
25. Are reimbursements sent directly to participants?
26. What steps will you take to ensure a claim is valid under IRS guidelines?

B. SYSTEM ADMINISTRATION:

1. Describe the computerized system used to collect, assimilate and integrate the data of the program.
2. List institutions, businesses, providers, insurance/mutual fund carriers and other entities that have input and access to the data collected.

C. ORGANIZATIONAL STRUCTURE:

1. Is your organization for profit or non-profit?
2. If you are a multiple site organization, how are your offices coordinated for sales and service?
3. If you are a multiple site organization, are certain services delegated to specific offices or are all services available at any location?

D. LIABILITY PROTECTION AND BANKING REFERENCE:

1. Please disclose the amount of liability insurance protection currently in force. TPA selected must provide confirmation of coverage.
2. Are the company and all employees bonded? If so, please provide details.

3. Please provide your banker's name and address.

E. COBRA ADMINISTRATION:

1. Do you provide COBRA Administration? Please describe and list all costs?
 - a. Do you provide initial notice to all covered employees?
 - b. Do you provide COBRA notification and election rights?
 - c. Do you provide annual open enrollment notifications?
 - d. Do you provide HIPAA certificates?
 - e. Do you track elections?
 - f. Do you provide premium billing?
 - g. Do you provide premium coupon booklets?
 - h. Do you provide employer notifications of legislative changes?

F. PRICES / FEES:

1. How are your fees established?
2. Are fees due and payable on the first of the month, quarterly, annually or a combination of these?
3. Is a fee structure available that incorporates various levels of participation?
4. Are you paid any commissions from the vendors?

G. HISTORY

Briefly explain the development of your organization and your corporate business objectives. Explain how long you have been in business and how long you have been providing TPA services. Please include a copy of your TPA license in your proposal.

H. UNIQUE CHARACTERISTICS

Please comment on any characteristics of your organization that are considered unique in the industry.

I. REFERENCES

Provide the employer name, address, telephone number and contact name of three of your clients. Also include a resume of the contact person responsible for this case.

GENERAL QUESTIONNAIRE

FOR SECTION 403(b) AND 403(b) (7) ADMINISTRATION

A: GENERAL

1. Please provide the name, address, city, state, zip, and telephone number of the Home Office of your firm. Also list any branch offices, if any.
2. What year was your company established?
3. How long has your company been doing 403(b) and 403(b) (7) administration?
3. Location of office(s) where administration functions will be performed.
4. Please verify that a bi-lingual customer service representative will be available during normal business hours.
5. Have any of the principals or the firm ever been named in a lawsuit dealing with the management of a Section 403(b) or 403(b) (7) plan? If so, please provide details.
6. How many clients are currently served? Please provide the largest group, the smallest group and the number of employees covered.
7. What is your average processing time between receipt of contributions and disbursement to vendors?
8. What is the size of your staff?
9. List staff experience for employees handling our account.
10. Do you have any insurance companies with whom you must do business?
11. Do you provide the newly required IRS Plan Document and other legal forms? If yes, please list all costs.
12. Do you perform discrimination testing? If yes, what type, how often and list all costs.
13. What enrollment materials will be provided by your company? At what cost?
14. Will you provide consolidated billing for the District? Will all participants and contributions be identified? Can this be done electronically? Please describe in full your consolidated billing process.
15. Please describe your company's consolidated billing turnaround time between receipt of contributions and disbursement to vendors.
16. Do you have a questionnaire to evaluate insurance / mutual fund carriers? If yes, is this information available to employees?

17. Do you require vendors to execute agreements which hold you and the school system harmless from any problems resulting from the vendor's participation in the plan?
18. How many TRS approved vendors have a Contract Provider Agreement signed with your company? Please include your company's list of TRS approved vendors who have a Contract Provider Agreement signed with your company.
19. Are you an "Independent" TPA or an Investment Company? Is your company a TRS approved vendor?

B. SYSTEM ADMINISTRATION:

1. Describe the computerized system used to collect, assimilate and integrate the data of the program.
2. List institutions, businesses, providers, insurance/mutual fund carriers and other entities that have input and access to the data collected.

C. ORGANIZATIONAL STRUCTURE:

1. Is your organization for profit or non-profit?
2. Does your company sell 403(b) or 403(b) (7) s in the state of Texas?
3. If you are a multiple site organization, how are your offices coordinated for sales and service?
4. If you are a multiple site organization, are certain services delegated to specific offices or are all services available at any location?

D. LIABILITY PROTECTION AND BANKING REFERENCE:

1. Please disclose the amount of liability insurance protection currently in force. TPA selected must provide confirmation of coverage.
2. Are the company and all employees bonded? If so, please provide details.
3. Please provide your banker's name and address.

E. PRICES / FEES:

1. How are your fees established?
2. Are fees due and payable on the first of the month, quarterly, annually or a combination of these?
3. Is a fee structure available that incorporates various levels of participation?
4. Are you paid any commissions from the vendors?

F. HISTORY:

Briefly explain the development of your organization and your corporate business objectives. Explain how long you have been in business and how long you have been providing TPA services. Please include a copy of your TPA license in your proposal.

G. UNIQUE CHARACTERISTICS:

Please comment on any characteristics of your organization that are considered unique in the industry.

H. REFERENCES:

Provide the employer name, address, telephone number and contact name of three of your clients. Also include a resume of the contact person responsible for this case.

**GENERAL
QUESTIONNAIRE**

FOR SECTION 457 ADMINISTRATION

A: GENERAL

1. Location of office(s) where administration functions will be performed.
2. Have any principles of the firm ever been named in a lawsuit dealing with the management of a Section 457 plan? If so, please provide details.
3. Provide description of your firms experience in third party administration of deferred compensation plans.
4. How many clients are currently served? Please provide the largest group, the smallest group and the number of employees covered.
5. What is your average processing time between receipt of contributions and disbursement to vendors?
6. What is the size of your staff?
7. List staff experience for employees handling our account.
8. Do you have any companies with whom you must do business?
9. Do you require vendors to execute agreements which hold you and the school system harmless from any problems resulting from the vendors participation in the plans?

B. SYSTEM ADMINISTRATION:

1. Describe the computerized system used to collect, assimilate and integrate the data of the program.
2. List institutions, businesses, providers, insurance/mutual fund carriers and other entities that have input and access to the data collected.

C. ORGANIZATIONAL STRUCTURE:

1. Is your organization for profit or non-profit?
2. If you are a multiple site organization, how are your offices coordinated for sales and service?
3. If you are a multiple site organization, are certain services delegated to specific offices or are all services available at any location?

D. LIABILITY PROTECTION AND BANKING REFERENCE:

1. Please disclose the amount of liability insurance protection currently in force. TPA selected must provide confirmation of coverage.
2. Are the company and all employees bonded? If so, please provide details.
3. Please provide your banker's name and address.

E. PRICES/FEES:

1. How are fees established?
2. Are fees due and payable on the first of the month, quarterly, annually or a combination of these?
3. Is there a fee structure available that incorporates various levels of participation?
4. Are you paid any commissions from the vendors?
5. Describe all participant costs connected with the plan including:
 - a. Deposit charges
 - b. Withdrawal/ redemption charges
 - c. Asset charges
 - d. Administrative charges
 - e. Investment management fee
 - f. Morality expense charges, and
 - g. Any additional charges to participant

F. HISTORY:

Briefly explain the development of your organization and your corporate business objectives. Explain how long you have been in business and how long you have been providing TPA services. Please include a copy of your TPA license in your proposal.

G. UNIQUE CHARACTERISTICS:

Please comment on any characteristics of your organization that are considered unique in the industry.

H. REFERENCES:

Provide the employer name, address, telephone number and contact name of three of your clients. Also include a resume of the contact person responsible for this case.